

*Section of Laryngology*

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**Osteoma of Frontal Sinus.**

By D. F. A. NEILSON, F.R.C.S.

MALE, aged 43. First seen 1925. He then consulted his doctor on account of pain and inflammatory swelling over the left eye. This lasted for two weeks, subsided, and has not recurred. For some years previously he had noticed a swelling in the middle of his forehead.

No history of headaches or of frontal pain except during the attack mentioned. Nasal fossæ appear normal.

Since 1925 his sight, which, before that date, was perfect, has deteriorated rapidly. The fundi have been examined several times and reported as normal, the defective vision being due to marked astigmatism and myopia. Stereoscopic X-ray films [shown] demonstrate an osteoma with well-defined margin and surrounded in places by the expanded walls of the frontal sinus. The cranial fossa is invaded to quite an appreciable extent, and in this locality the roof of the sinus is well away from the margin of the osteoma. Presumably a mucocele is developing.

The patient has refused treatment, but the rate of increase in size of the growth is being observed.

During the first year no increase was detected.

Sir JAMES DUNDAS-GRANT asked how the defect of vision and the development of polypi in the right nasal cavity could be explained in this case. It seemed as if there had been some invasion of the posterior ethmoidal cells, involving the oculo-motor nerves.

**Two Specimens of Exostosis arising in the Floor of the Frontal Sinus.**

Shown by WALTER HOWARTH, F.R.C.S.

BOTH these tumours produced a mucocele of the frontal sinus. They are shown as a corollary to the foregoing case.

**Tumour of the Nose.**

By G. W. DAWSON, F.R.C.S.I.

MALE, aged 24.

There is a tumour on the right side of the nose, extending from the eyebrow to the ala of nose. It is soft and ill-defined and has been present for sixteen years.

*Discussion.*—Sir JAMES DUNDAS-GRANT said he thought the growth was a lymphatic nævus.

Dr. W. HILL said he would treat it with the ionization needle.

Mr. A. J. M. WRIGHT said electrolysis might be worth trying here.

Mr. M. VLASTO said that as the condition was obviously benign and as, apart from the disfigurement, the swelling did not incommode the patient, he would not advise operation. As an alternative diagnosis, he suggested that of a soft lipoma.

Miss ELEANOR LOWRY said that a few weeks ago she had had a patient with a soft swelling over the mastoid, which, it was said, varied in size. There was a chronic discharge from the ear, and, on operation, the swelling was found to be a lipoma. Possibly the present case might be of the same nature.

Dr. IRWIN MOORE said he, too, thought the swelling was a lipoma, and would advise leaving it alone.

**Two Cases of Laryngectomy: Specimens Shown.**

By W. J. HARRISON, M.B.

*Case I.*—MALE, age 54. Complained of weakness of the voice and huskiness of about three months' duration. On examination the right cord was found to be motionless and the posterior third had a "mouse-nibbled" appearance. The right aryæmoid was